



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

										FILE NUMBER
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →										
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.										
2. Last Name Ray		First Name David		Middle Name Michael		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee		
4. Mailing Address 915 N. Burbank Road					5. FAX (Optional) ()		6. E-mail Address (Optional) davidmray481@gmail.com			
7. City Indianapolis		State IN	ZIP Code 46219	8. County Marion		9. Telephone (Day) (317) 442.1574		10. Telephone (Evening) ()		
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other					12. Office Sought (Include district number, if any. Not required for an exploratory committee.) City - County Council, District #19					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.										
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Committee to Elect David Ray										
14. Mailing Address <input type="checkbox"/> Check if this is a new address 915 N. Burbank Road					15. FAX (Optional) ()		16. E-mail Address (Optional) davidmray481@gmail.com			
17. City Indianapolis		State IN	ZIP Code 46219	18. County Marion		19. Telephone (317) 442.1574		20. Committee Organization Date (MM-DD-YY) 01/29/15		
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson David Michael Ray										
22. Mailing Address <input type="checkbox"/> Check if this is a new address 915 N. Burbank Road					23. FAX (Optional) ()		24. E-mail Address (Optional) davidmray481@gmail.com			
25. City Indianapolis		State IN	ZIP Code 46219	26. County Marion		27. Telephone (Day) (317) 442.1574		28. Telephone (Evening) ()		
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) PNC										
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)										
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Jonathon D Hooker					Signature of the Committee Chairperson David M. Ray					
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Jonathon D Hooker										
34. Mailing Address <input type="checkbox"/> Check if this is a new address 3675 S. 800 Southway Dr					35. FAX (Optional) ()		36. E-mail Address (Optional) davidmray481@gmail.com			
37. City New Palestine		State IN	ZIP Code 46163	38. County Hancock		39. Telephone (Day) (317) 809-5152		40. Telephone (Evening) (317) 809-5152		
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)										
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).					Signature of Person Accepting Appointment Jonathon D Hooker					
SECTION E. CERTIFICATION OF STATEMENT										
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.										
42. Typed or Printed Name of Chairperson David M. Ray			Signature of Chairperson David M. Ray			Date (MM-DD-YY) 01/29/15				
43. Typed or Printed Name of Candidate			Signature of Candidate			Date (MM-DD-YY)				
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).										

FOR OFFICE USE ONLY

FILED

JAN 29 2015

Myra A. Eldridge